

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/646,679</td> </tr> <tr> <td>Filing Date</td> <td>August 22, 2005</td> </tr> <tr> <td>First Named Inventor</td> <td>Ajay R. Ben</td> </tr> <tr> <td>Title</td> <td>System and method of integrating loyalty/re</td> </tr> <tr> <td>Art Unit</td> <td>3696</td> </tr> <tr> <td>Examiner Name</td> <td>CRANFORD, MICHAEL D</td> </tr> <tr> <td>Attorney Docket Number</td> <td>MOD1-0002-U01</td> </tr> </table>	Application Number	10/646,679	Filing Date	August 22, 2005	First Named Inventor	Ajay R. Ben	Title	System and method of integrating loyalty/re	Art Unit	3696	Examiner Name	CRANFORD, MICHAEL D	Attorney Docket Number	MOD1-0002-U01
Application Number	10/646,679														
Filing Date	August 22, 2005														
First Named Inventor	Ajay R. Ben														
Title	System and method of integrating loyalty/re														
Art Unit	3696														
Examiner Name	CRANFORD, MICHAEL D														
Attorney Docket Number	MOD1-0002-U01														

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

87084

OR

☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number.

OR

☐ The address associated with Customer Number:

☐ Firm or Individual Name:

Address:

City: _____ State: _____ Zip: _____

Country: _____

Telephone: _____ Email: _____

I am the:

☐ Applicant/Inventor.

OR

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE of Applicant or Assignee of Record

Signature	Date
	2/2/11
Name	Telephone
MICHAEL D. GARNER	812 266 3217
Title and Company	
CEO MEDIV MEDIA	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO in process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 5 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1480, Alexandria, VA 22313-1480. DO NOT SEND FREE OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1480, Alexandria, VA 22313-1480.

If you need assistance in completing the form, call 1-800-PTO-9193 and select option 2.